#324

## AMENDMENT TO MEDICAL CERTIFICATION OF CERTIFICATE OF DEATH

EXAS DEPARTMENT OF	HEALIH			BOILENO OF V	TIAL STATISTIC
PART I. INFORMATION C	ONCERNING DE	CEASED AS SHOWN ON	ORIGINAL DEATH CERTIF	ICATE	
NAME OF DECEASED				Pebruary 19, 1979	
ROBERT PRESTON JONES					
PLACE OF DEATH				STATE FILE NO. (IF KN	OWN)
Austin, Travi	is County	, Texas			
PART II. MEDICAL CERT					INTERVAL BETWEEN
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).] PART I, DEATH WAS CAUSED BY:					ONSET AND DEATH
	MEDIATE CAUSE (a)	Asphyxia,			
Conditions, if any, which gave rise to above cause (a), stating the under- lying cause last.	DUE TO (b)	hanging.	EEXAS DEPARTMENT OF HEALTH		
			FILED MAR 22 19	979	
PART II OTHER SIGNIFICANT	DUE TO (c)	PIRITING TO DEATH RUT NOT	LATED TO THE PERMITANTE AL	STATING ENESSIN PART IN	19. WAS AUTOPSY I
TAKI II, OTTICK SONITICAN	COMBINOIS CON	KIBOTING TO DEATH BUT NOT	The Party of the P		FORMED?
no ACCIDENT CINCIDE	UOLUGIAS TA				YES NO
20e. ACCIDENT SUICIDE HOMICIDE   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)					
L 10		Decedent hu	ng himself.		
unknown p.m. 02-	19-79				
20d. INJURY OCCURRED 20e.	PLACE OF INJURY (	.g., in or about home, farm, factory,	20%. CITY. TOWN, OR LOCATION	COUNTY	STATE
WORK AT COME NOT WHILE TO	his resid	ence	Austin,	Travis,	Texas
		MOLIECE THELD VE	5.20 p.m.	VXXXXXX	
21. XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXX	NOUEST HELD AT		APANAMA	
21	7011	9. 79 Death occurred at.		tated above, and to the best of my know	wledge, from the causes st

(A) E953.0

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